

# Organizational Provider Operations Handbook CMHS Version

Rev. January 2006

## ACCESSING SERVICES

### B. ACCESSING SERVICES

Consistent with the Health and Human Services Agency's "No Wrong Door" model of integrated services, approved by the Board of Supervisors in 1998, clients may access mental health services through multiple points of entry. Clients may call the Access and Crisis Line (ACL), call or walk into an organizational provider's program directly, or call or walk into a county-operated program. The ACL is the point of entry for accessing Fee-for-Service (FFS) providers.

In accordance with Title 9, California Code of Regulations requirements, organizational providers and county-operated clinics must maintain logs of all clients requesting Specialty Mental Health Services. Children's Mental Health Services required information includes date, Medi-Cal eligibility, ethnicity/language, name, phone # and relationship of caller, nature of request, urgent or routine, disposition with date/time and if/where referred. A copy of the CMHS Request for Services Log Form is included in the Quick Reference Section of this Handbook. Waiting times are calculated from this log and submitted on the Monthly Status Report.

#### Hours of Service Availability

Federal regulations require that Medi-Cal beneficiaries must have access to services during hours of operation equal to those available to commercial clients or private pay clients. This requirement applies to organizational providers as well as Fee For Service providers. In practice, this means that Medi-Cal clients may not be restricted to making appointments during limited or inconvenient hours while other clients have different or additional appointment times available to them. Site hours will be reviewed during the Annual Site Review visit by the Quality Improvement Unit and problems with site hours will be monitored by spot checks of client grievances and appeals. In addition, all programs must provide after hour telephone voice mail messages that can direct clients to after hour service numbers. See "Provider Interface with the ACL" below.

#### ACCESS AND CRISIS LINE

Under contract with San Diego Mental Health Services, United Behavioral Health (UBH) operates the statewide San Diego Access and Crisis Line (ACL) on behalf of the Mental Health Plan (MHP). The ACL provides telephone crisis intervention, suicide prevention services, and mental health information and referral 24 hours a day, 7 days a week. The ACL may be the client or the family's initial access point into the MHP for routine, urgent or emergency situations. ACL staff also provides authorization of payment for MHP outpatient services delivered to Medi-Cal beneficiaries through the Fee-for-Service (FFS) provider network.

Licensed and master's level counselors answer the ACL phone at all

#### NOTE!

Clients may contact a licensed or master's level counselor **24 hours each day, seven days a week**, by calling the ACL at:

**1-800-479-3339**

Hearing impaired clients may call:

**619-641-6992**

times. These experienced clinicians evaluate crisis situations, provide crisis intervention, and offer mental health information and referrals to appropriate services. The ACL has Spanish-speaking counselors on staff. Other language needs, including Vietnamese and Arabic, are met through the AT&T Language Line, which provides telephonic interpreter services for approximately 140 languages at the point of an initial ACL screening. Persons who are hearing impaired may contact the ACL via the TTY line at 619-641-6992.

The following section provides guidelines on making referrals to and receiving referrals from the ACL.

## Referrals to the ACL

It is appropriate to refer to the ACL those persons who need assistance with:

- Access to publicly-funded Specialty Mental Health Services
- Crisis intervention for urgent situations such as:
  - Suicide attempts or threats
  - Symptoms of mental illness (e.g. depression, manic behavior, anxiety)
  - Symptoms of dual or multiple diagnoses, including chemical abuse, HIV, or AIDS
  - Marital, family, relationship problems
- Information about mental health and mental illness
- Referrals to community resources for vocational, financial, medical, educational, family support, and other concerns.
- Access for children and youth in foster care and other residential placements out of county.

Providers should inform clients directly about the option of using the Access and Crisis Line by calling 1-800-479-3339. Clients should be clearly informed that they are being referred to the ACL and how to use it.

## Provider Interface with the ACL

- Use the ACL as an adjunct to your services in emergencies and after hours. When possible, provide the ACL with any information on clients you anticipate may call. (Please obtain a signed Release of Information from the client or client's legal guardian first.) To provide the most effective emergency response and back-up to their own services, provider office voicemail messages should state, "If this is a mental health emergency or crisis, please contact the San Diego Access and Crisis Line at 1-800-479-3339."
- If a client is high risk and may be calling the ACL for additional support, call the ACL in advance on behalf of the client. (Again, please obtain a signed Release of Information from the client or client's legal guardian first.). To facilitate the most effective ACL response to the high-risk client's needs when a call is received, please provide the ACL with the following information:
  - Client's name and date of birth

- Client's address and telephone number
- Client's legal guardian, address and telephone number
- Your name, program name and telephone number
- Name and telephone number of Care Coordinator or Case Manager, if any
- Current Service Plan
- Summary of clinical information (diagnosis, principal medications and medication compliance history, current treatment)
- Current issues (including any suicide or homicide risk)
- Current resources, such as supportive family members or friends
- Recommended coping methods
- Other agency involvement

## Receiving Referrals from the ACL

ACL staff apply Title 9 medical necessity criteria, and their clinical judgment based on training and experience, to make appropriate referrals. Please see Authorization/Reimbursement Section of this handbook for Title 9 medical necessity criteria.

Referrals also take into consideration:

- Level of Care guidelines
- Urgency of need
- Type of treatment or services indicated
- Geographic location
- Any specific client requests, such as provider language or ethnicity.

## *Emergency Psychiatric Condition*

Title 9 defines an "Emergency Psychiatric Condition" as a condition in which the client, due to a mental disorder, is an imminent danger to self or others or is immediately unable to provide for or utilize food, shelter or clothing. This situation indicates an immediate need for psychiatric inpatient hospitalization or psychiatric health facility services.

QI Goal for Services: Face-to-face clinical contact within one hour of initial contact/referral. For most children and adolescents, this contact can occur at the Emergency Screening Unit, 619-421-6900 or at any Fee-for-Service hospital.

All ACL staff are trained in crisis intervention, with client safety as the primary concern. Staff evaluate the degree of immediate danger and determine the most appropriate intervention (e.g., immediate transportation to an appropriate treatment facility for evaluation, or notification of Child or Adult Protective Services or law enforcement in a dangerous situation). The ACL staff make a follow-up call to that provider to ensure that the client was evaluated and that appropriate crisis services were provided.

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All programs shall have a written defined mechanism for emergency telephone consultation and/or referral of clients after hours.

### ***Urgent Psychiatric Condition***

Title 9 defines an “Urgent Psychiatric Condition” as a condition which, without timely intervention, is likely to result in an immediate emergency psychiatric condition.

If the client’s condition is serious but does not warrant immediate admission to a facility, ACL staff perform a telephonic risk assessment.

QI Goal for Services: Face-to-face clinical contact within seventy-two (72) hours of initial client contact/referral.

### ***Routine Condition***

When the ACL caller is in a relatively stable condition and in need of initial assessment for Specialty Mental Health Services, this is considered a routine condition. In this case the caller may be given an immediate authorization to a fee for service provider or the number of an organizational provider which the client or family member may call for an appointment.

QI Goal for Services: Face-to-face clinical contact within five (5) calendar days of initial client contact/referral.

### **Walk-in Cases**

If a client first accesses services by calling or walking into an organizational provider site or a county-operated program, the client can be seen and assessed without contacting UBH for an authorization. Neither the client nor the provider must call the Access and Crisis Line to request or obtain an authorization. The provider does not need to subsequently send/fax an assessment or contact sheet to UBH. See Authorization/Reimbursement Section of this handbook for a description of organizational provider and county-operated program responsibility for registration of clients. Walk-in clients at a day program shall be required to obtain authorization through the same process as day program other clients.

## **ACCESS TO INTERPRETING SERVICES**

Effective January 1, 2003, contractors are required to provide language assistance to Limited English Proficiency (LEP) persons to ensure equal access to programs and services. If the contractor cannot meet the need for language service, the contractor shall prepare a Service Authorization Form, obtain approval and contact either Interpreters Unlimited (language interpreting) at 858-451-7490 or Deaf Community Services (deaf and hearing impaired) at **800-290-6298**. Contractor should request a “qualified but not certified interpreter” and shall

coordinate the appointment with client and interpreter. As soon as interpreting service has been provided, contractor shall send the Service Authorization Form to the interpreting services utilized. The interpreting service will use the form as supporting documentation of its invoice for payment.

Please see Quick Reference Section of this Handbook for sample of the Service Authorization Form (Section O, Attachment 3).

## SERVICE PRIORITY FOR OUTPATIENT SERVICES

### High

- Children and adolescents requiring emergency services should be assessed within one hour of contact with program. They may be seen at the program or referred to ESU.
- Children and adolescents requiring crisis services different from Urgent services should be assessed within one (1) day.
- Children and adolescents with Urgent referrals, defined as a condition that, without timely intervention, would very likely become an emergency, should be seen within 72 hours of contact with program.
- Children and adolescents being discharged from acute psychiatric hospital care shall be seen within one week of contact with program unless the referral is deemed Urgent, in which case they should be seen within 72 hours of contact with program.
- AB 2726 students stepping down from higher level of care (day treatment or residential) shall be assigned for treatment in a timely fashion as defined in the inter-agency agreement.
- Seriously Emotionally Disturbed (SED) children and adolescents take priority over routine admissions.
- AB 2726 students with outpatient services on the IEP shall be assigned for treatment as specified in Interagency Agreement.

### Moderate

- Children and adolescents with moderate mental health needs who meet medical necessity criteria shall be provided with appropriate services for up to 6 months, at which time the need for continued services shall be referred to a Utilization Review Committee. Services for these youngsters may typically include short-term individual (8 – 16 visits), family, and group sessions.

### Low

- For children and adolescents with moderate to low-level mental health needs clinicians at all programs shall assist the parent/caregiver in accessing services within the region through the

United Behavioral Health individual/group provider network, if the child is Medi-Cal eligible.

## Youth Transition Services

All programs are required to follow the guidelines as set forth by MHS Policy 01-01-114 to coordinate a transfer to Adult Mental Health Services, if appropriate, for youth who are approaching their 18<sup>th</sup> birthday. An assessment of the need for continuing services should be completed in accordance with CMHS Policy 06-01-113 by assisting the client to complete the Youth Transition Self-Evaluation form. This form should be completed by all clients over 16 years of age and annually thereafter, including at age 17 ½. The evaluation must be completed within 30 days of intake or transfer to a new program. The evaluation form evaluates 6 life domains: Health/Mental Health, Community Resources, Daily Living Skills/Housing, Social Skills, Financial, and Educational/Vocational. If the assessment indicates a need for services in the adult system, the CMHS program must assist the client in contacting the AMHS Regional Coordinator, who will act as a liaison to adult services.

## Clients Who Must Transition to a New Provider

Many clients are unable to complete an entire treatment episode with the same therapist or mental health worker. This may happen because of a family change of residence, client change of placement, transition to the AMHS system, or a staffing change within an agency. This transition can be disturbing and disruptive to clients, but especially to vulnerable children with attachment disorders, chaotic home situations, or a tenuous engagement in treatment. Good clinical practice indicates that the following should be implemented whenever possible:

- The client and caregiver should be informed of the impending change as soon as it is clinically indicated and possible, but at least 14 days prior to the final visit with the first program.
- The client and caregiver should be informed of the client's right to request a new provider.
- Client and caregiver should be encouraged to voice their needs regarding provider clinical and language capabilities, time of appointment, location of the new clinic or program, transportation, etc.
- The client should be assisted in making a first appointment with the new program.
- The old and new program must communicate as completely as possible, via case consultations, phone conversations, and release of discharge summaries and other chart materials.
- A thorough discharge summary (or a transfer note, if the client will continue in the same program) should be written and incorporated into the chart.
- Final outcome tools should be administered if the client will go to another provider program.

- A plan for emergency services should be developed with the client and caregiver, to include the ACL, ESU, the new program, and informal supports.
- Report transfer on Suggestion and Provider Transfer Log

## **DUAL DIAGNOSIS CAPABLE PROGRAMS**

Clients with co-occurring mental health and substance use issues are common in the public mental health system and present with complex needs. CMHS has adopted the Comprehensive, Continuous, Integrated System of Care (CCISC) Model for individuals and families with co-occurring substance use and mental health disorders. Programs must organize their infrastructure to routinely welcome, identify, and address co-occurring substance use issues in the clients and families they serve. They shall provide properly matched interventions in the context of their program design and resources. For specific information regarding CCISC and dually diagnosed clients, please see Section N of this handbook.

## **UNDOCUMENTED CLIENTS**

In accord with County and State policy, the Uniform Method of Determining Ability to Pay does not require that a person have a specific period of residence in the county or state to qualify for services. Intent to reside in San Diego County is a necessary condition, and is established by the client's verbal declaration. This applies to foreign nationals, including undocumented immigrants. Without intent to reside in San Diego County, any client, regardless of citizenship, must be billed at full cost. However, persons known to be undocumented immigrants are eligible only for emergency services, such as an acute care hospital or the ESU, and services pursuant to an IEP under AB 2726.